

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*2. Type of Application

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

B-13-MC-06-0514

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Huntington Beach

*b. Employer/Taxpayer Identification Number (EIN/TIN):

95-6000723

*c. Organizational DUNS:

07-814-3948

d. Address:

*Street 1:

2000 Main Street

Street 2:

*City:

Huntington Beach

County:

Orange

*State:

California

Province:

*Country:

U.S.A.

*Zip / Postal Code

e. Organizational Unit:

Department Name:

Administration

Division Name:

Office of Business Development

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

*First Name:

Kellee

Middle Name:

*Last Name:

Fritzal

Suffix:

Title: Deputy Director of Economic Development

Organizational Affiliation:

*Telephone Number: (714) 374-1519

Fax Number: (714) 375-5087

*Email:

kfritzal@surfcity-hb.org

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

11 Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**


***Title:**

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 46	*b. Program/Project: 46	
17. Proposed Project:		
*a. Start Date: 10/01/2013	*b. End Date: 09/13/2014	
18. Estimated Funding (\$):		
*a. Federal	\$996,679.00	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$996,679.00	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Mr.	*First Name: Fred	
Middle Name: A.		
*Last Name: Wilson		
Suffix:		
*Title: City Manager		
*Telephone Number: (714) 536-5502	Fax Number:	
* Email: Fred.Wilson@surfcity-hb.org		
*Signature of Authorized Representative: 		*Date Signed: 8/7/12

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

*9. Type of Applicant 1: Select Applicant Type: C. Local Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

*10 Name of Federal Agency: U.S. Department of Housing and Urban Development

11 Catalog of Federal Domestic Assistance Number:

14-239

CFDA Title:

HOME Investment Partnership (HOME)

*12 Funding Opportunity Number:

*Title:

13. Competition Identification Number:


Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Huntington Beach, Orange County, California

*15. Descriptive Title of Applicant's Project:

FY 2013/14 Annual Action Plan, which includes funding for activities that create affordable housing.

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 46	*b. Program/Project: 46	
17. Proposed Project:		
*a. Start Date: 10/01/2013	*b. End Date: 09/13/2014	
18. Estimated Funding (\$):		
*a. Federal	\$395,541.00	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$395,541.00	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<p>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions</p>		
Authorized Representative:		
Prefix:	Mr.	*First Name: Fred
Middle Name:	A.	
*Last Name:	Wilson	
Suffix:		
*Title:	City Manager	
*Telephone Number:	(714) 536-5502	Fax Number:
*Email:	Fred.Wilson@surfcity-hb.org	
*Signature of Authorized Representative: 		*Date Signed: 8/1/20.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102